

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32555

State File No. \_\_\_\_\_

Registrar's No. 2082

FILED SEP 21 1943

Registration District No. 247

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME August Henry Koch

3. (b) If veteran, name war None 3. (c) Social Security No. 495-12-8306

4. Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Catherine Koch 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Feb 16 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 6 30 hr. min.

9. Birthplace Washington Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Section Crew

11. Industry or business Railroad, Mo. Pac.

12. Name August Koch  
13. Birthplace Washington Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie Schroeder  
15. Birthplace Washington Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Koch  
(b) Address Washington, Mo.,  
17. (a) Burial (b) Date thereof 9-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.,  
18. (a) Signature of funeral director Nieburg & Vitt Und. Co.

(b) Address Washington, Mo.,

19. (a) SEP 17 1943 (b) E. G. McCarroll  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin  
(c) City or town Washington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 313 Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15  
year 1943 hour 2:55 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Injured when car in which he was riding collided with 2 trucks on a public highway

Due to Laceration of the ri side of neck with extrusion of the lung through

Due to the wound. Multiple external abra-

Other conditions Laceration of heart, lungs, liver, diaphragm and spleen.

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Sept 15th, 1943

(c) Where did injury occur? Hy # 66 West of Eureka  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

(Specify type of place) (e) Means of injury 3

23. Signature John M. Trayer Coroner  
(M. D. or other)

Address Birkwood, Mo. Date signed 9-16-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96  
3

036  
6  
2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 2 1945

JUL 9 1945

JUL 9 1945

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed John M. Meyer  
Licensed Embalmer No. 3255  
P. O. Address Werkwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.